

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031460

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1716

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
Life

c. CITY OR TOWN Poplar Bluff

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Doctors Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1401 Highland

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First SWEETIE

Middle PACE

Last AYLOR

4. DATE OF DEATH

Month July

Day 29

Year 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
1/12/1899

9. AGE (last birthday)
64

IF UNDER 1 YEAR
Months 8

IF UNDER 24 HR
Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Teaching

10b. KIND OF BUSINESS OR INDUSTRY
School Teaching

11. BIRTHPLACE (City and state or country)
Butler Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

WILLIAM N. PACE

13b. MOTHER'S MAIDEN NAME

Belle Meadows

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes ☐ or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ila Witte, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the stomach with metastasis, widespread

INTERVAL BETWEEN ONSET AND DEATH

Unknown, 3 1/2 yrs. since surgery

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/1959 to death and last saw her alive on July 28, 1963
Death occurred at 3:50 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
E. T. Hansbrough, M.D.

22b. ADDRESS
Poplar Bluff, Mo.

22c. DATE SIGNED
8/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/31/1963

23c. NAME OF CEMETERY OR CREMATORY
City

23d. LOCATION (City, town, or county) (State)
Poplar Bluff, Missouri.

24. FUNERAL DIRECTOR
Frank-Cotrell Chapel, Poplar Bluff

25. DATE RECD. BY LOCAL REG.
MO. 8/16/1963

26. REGISTRAR'S SIGNATURE
Thelma Huchua

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 11/28
2 01/28
3
4 1
5 2
6
7 0
8 0
9 151X
10
11
12 2-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Scott Coburn

Licensed Embalmer No. 5214

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.